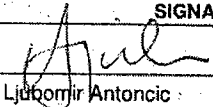


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/584,638-Conf. #8154
	Filing Date	June 26, 2006
	First Named Inventor	Ljubomir Antoncic
	Art Unit	3617
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21388/0209171-US0

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 07278	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 07278 </div> OR	
<input type="checkbox"/> Firm or Individual Name	
Address	
City	
Country	State Zip
Telephone	Email
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Ljubomir Antoncic
Date	26.05.2008 Telephone
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.	

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Customer Number:

07278

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Gorazd Sorsak

Date

14-03-2008

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.